

Better Homes and Centers



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DAY CARE FOR CHILDREN WITH SPECIAL NEEDS

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All children are special and have needs of their own, but some children have special handicaps. These handicaps can range from physical impairments such as hearing, vision or speech, or emotional impairments. The question often arises — can children such as these be included in a typical day care program?

Day care providers have much to be proud of as professionals. They generally have an understanding of children's growth and development, provide activities that enrich and stimulate, and give the smiles and hugs that assist children to progress socially and emotionally. However, very few have training or experience with children who have a handicap. When a family with a handicapped child is in need of child care, providers can emotionally respond but there are so many questions...

"How much extra attention and time would this child need?"

"How would the other children react?"

"How would the parents of the other children react?"

"How would including this child affect a field trip?"

"What to do in an emergency?"

To answer these and other concerns, the Handicapped Children's Early Education Program (HCEEP) Family Day Care Project in Washtenaw County offered a series of training sessions on caring for children with mild handicaps or special needs. This special 3 year project concluded in June, 1987. It resulted in a wealth of information which may be helpful to you.

For example, Tony was a schoolage child who wore a leg prosthesis and could not ride a bike or Big Wheel like the other children. As part of the project, the provider was able to borrow an Irish mail rider which required arm power only, so Tony was able to join the

DIRECTORS CORNER

The Division periodically receives providers' concerns about the reasons for conducting Criminal History and Protective Services background checks. I would like to provide a little background information regarding this policy.

Several bills were pending in 1985 that would have required all applicants, licensees, program directors and staff to be fingerprinted prior to issuing a license. Both providers and the Department expressed concerns about these bills. The estimated cost of an FBI fingerprint check was between \$12.00 and \$25.00. The estimated time to complete the check was 6 months or longer. Additionally, about 40% would be returned for reprinting and reprocessing.

As a result of the impact fingerprinting would have on the licensing and regulation of child care programs, the Department negotiated a compromise with the bill sponsors. We agreed to do criminal history clearances through the Michigan State Police Law Enforcement Information Network (LEIN) and Protective Services background checks through the Michigan Department of Social Services Central Registry system.

Unfortunately the substantial increase in demand on the LEIN system resulted in delays in processing certain criminal history clearances. However, these delays in comparison to the problems fingerprinting would have caused are minimal. I am happy to report now that through efforts made by the Department in cooperation with the State Police, the backlog has been caught up and any future processing for criminal clearances will be handled in a timely manner.

No system is ideal, but this one serves to deter some inappropriate people from entering the child care field. At the same time, this system is not affecting the cost or length of the licensing and regulation process.

Ted deWolf, Director
Division of Child Day Care Licensing

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DAY CARE FOR CHILDREN WITH SPECIAL NEEDS...

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group on wheels!

Several children with severe physical impairments have utilized a corner chair in order to stabilize sitting. In this way they could be included in table activities, story and circle times and thus promote better arm usage.

On the whole, providers in the Family Day Care Project found that including children with physical impairments is much less frustrating than working with a child who is emotionally disturbed. This is especially true with schoolage children. One of the project goals was to help providers identify young children who showed signs of possible emotional stress.

Home day care providers as well as those in centers feel isolated and uneasy with a child who is "never happy", aggressive, "bad", or does not join in with the group. By looking for signs of childhood stress and possible underlying reasons (e.g. moving, parents' divorce, new sibling, other home stress) the caregiver can decide if the situation is temporary or possibly long term. If the situation seems long term, it is best to refer the parents to appropriate community resources. If the behavior is temporary, look for ways to alleviate some of the stress in the day care setting and to communicate with the child's family.

It is not always easy caring for a child with special emotional needs, but with support and clear steps to follow, providers can feel successful in their nurturing, and continue to provide care for the child so he can avoid the transition to yet another program.

If a child is behaving in a way which is causing concern, the adults in his life can support him by closely assessing the situation and making a plan to help him cope.

Observe behavior objectively

- step back a bit, write down ten-minute observations of the child's behavior
- if you have staff, they should do the same for a few days

Compare observations — get a clear picture

- identify the behavior e.g. biting
- when does it happen most? e.g. lunch time
- how often does it happen?
- what occurs right before the behavior?

Make a plan

- identify specific issues/problems
- short-term or long term?
- evaluate the day care environment
 - too noisy and stimulating?
 - not enough materials?
 - too many sitting/directed activities?
- providing a place for quiet play, rearranging areas or

keeping some toys accessible on open shelves may help

Talk to parents

- is behavior occurring at home too?
- what is the family life stress level?

Check resources

- is the behavior a typical response to this type of stress and is it age appropriate?
- attend workshops and read books on child development

Set effective limits

- review the day care rules and expectations
 - are they appropriate and understandable to the child?
 - are there too many rules?
- try to focus on basic respect-safety issues

Be positive

- identify the behavior, tell the child how it affects others
- rather than expecting immediate change, identify steps for making progress
- let children use toys (dolls, wooden people) to "play out" a stressful situation (trip to the dentist)

Be patient and supportive

- each child has different temperament and stress
- look for small signs of improvement

Continue communication with parents

- communicate concerns objectively
- tell parents of changes you are making in the environment
- try to coordinate goals between day care and home
- focus on positive signs

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MAKING A SPECIAL FRIEND FEEL COMFORTABLE

Suzanne Price, Owner, Sunshine Special Washtenaw Co.

Participated in the Family Day Care Project

"Why?" The question young children ask frequently provides a direct means to making other children comfortable around a child with a special need. When children ask, "Why does she wear glasses?; Why doesn't he talk?; Why does he hit?; Why does she run crooked?", answer honestly in a brief manner. Children ask because they want to know, not because they are mean or impolite. Sometimes the child can explain best about his handicapping condition. Some children even like the special attention. Most need an adult to provide the information and if handled with a matter-of-fact attitude, feel comfortable. The other children will usually want to relate a story about their own physical abilities or illness; how they learned to balance or how they couldn't hear after a swimming lesson, etc. Use that egocentric anecdote to develop empathy or a common thread with the special needs child. This kind of informal communication goes a long way toward showing children that everyone has similar feelings and that we are an essential sameness.

Once the group is comfortable with the basic description of the handicapping condition of the special needs child, the other children are likely to go about their own play activities with little more thought or comment about their new friend. At this point, the caregiver must become resourceful so that the special needs child becomes an active group member rather than someone to ignore or dominate. Spend time with the child to see what he likes to play. Play with him near other children; they are likely to join if the provider plays, too. Notice what the child can do well and comment out loud about his accomplishments. The other children will find out that this child is fun and has skills. If the special needs child cannot play at such a level yet, let the other children know how he does like to play.

For example, explain that he likes his own space and ask them for ideas for help in setting it up. Praise other children for help in finding toys for the child or repeating words for him. Let them know it if the special child makes a gain and they helped. They will feel proud of themselves as helpers and of the special child in whom they have an "interest".

A sure way for a child to be popular is to have a toy or piece of equipment that is his and that others are able to share. As a participant in the Child Care Coordinating and Referral Service of Washtenaw County's Family Day Care Project (a mainstreaming effort), the child uses toys and equipment provided by the program while at the day care. A special needs consultant determines the types of activities that are helpful to

the child during her monthly visits to the day care so that the provider can best work with the child using the supplies provided. Once the child has a chance to use the toys, allow him to offer others a turn, or better yet, to show another child how to use it.

Occasionally, a provider must decide to discontinue the child care service for a special needs child. Sometimes the setting is no longer appropriate and it is time for the child to move on to a program that can serve him better. The visiting special needs coordinator can be very helpful in determining when a change is necessary. For instance, a child showed progress in establishing independence from the parents but other developmental lags remained. A full-time preschool special education program could better meet the need.

Reasons can vary as to why it may be best for a child to leave. Sometimes it is the setting that has changed. In my own experience, a child who was doing well in our home day care group of six showed progress until we moved into a small center with 14 and a staff of 3.

Another important factor is how well a child's parents and health-related specialists (therapist, psychologist, physician) work with the day care provider. Lack of coordination in approach to dealing with the child or poor communication among all three parties make it impossible to provide a positive day care setting for the child.

Although difficult to say good-bye to a child, a provider must recognize that her role has been useful and important but that there may come a time when the child must move on. It should not be considered a failure on the part of the provider but rather an opportunity to help send the child on his way to fuller development.

Making a special needs child feel comfortable at day care is not unlike making any new child feel a part of the setting. However, a provider must assess whether her group can accommodate the attention the child will need. Further, she must feel confident that resources of other professionals will be available. If she determines that including a special needs child in her group could work, then the only question she need ask is "Why not?"



SPECIAL CARE FOR SPECIAL KIDS

Linda C. Young
Teacher of Preprimary Impaired
Midland Intermediate School District

Preschoolers come in all sorts of sizes and with all sorts of abilities. At some time you may be asked to accommodate a handicapped child in your child care facility. Handicaps may include vision problems, difficulties walking, using one's hands, talking or understanding speech, or a combination of disabilities. Whatever the disability, children need positive experiences. The following information should give you a start as to the proper equipment and basic supplies needed to help a young handicapped child adjust to his first group experience.

It's important to remember that even though a child is handicapped, he needs the same experiences as his non-handicapped peers. These include block play, dramatic play, reading, writing, arts, crafts, science, math, basic concepts and socialization. These areas can become open to the handicapped child with a few minor adjustments to the equipment.

When considering visually impaired children, try to tap into their other senses. Use tactile cues, such as sandpaper shapes or cutouts, to label areas in the room. Try using the child's sense of smell to help orient him in the room. Cooking extracts are pungent and last a long time. Low vision children seem to respond well to fluorescent lights or paint when used in conjunctive with a black light. For this type of child, brightly colored toys and bright labels in the room will encourage him to use his residual vision.

With physically handicapped children it is important to facilitate their independence in all areas of movement. The room should be arranged so a wheelchair can have access to all play areas. The floor should be even so a child using canes or a walker can do so smoothly. Toys and materials should be easy to reach from a sitting position. At times when a physically handicapped child has to be out of his wheelchair, commercially made corner chairs help the child to sit independently on the floor. You can make a simple corner chair by taking the legs off a child size wooden chair that has a high back and some side supports. Also, potty chairs with sides and seat belts help give the physically handicapped child some independence and privacy in the bathroom. A bell attached to the chair enables the child to call you when he is finished.

Children with poor fine-motor control need large toys and objects to grasp. In feeding, the use of a built-up spoon (an extra wide handle), and dycem mat help the child control his food. Motor toys can be adapted with easy on-off switches, and easy put together/take apart toys help provide the child with success. Try to present any activity in its smallest possible components so the child can find some success even if at only one step of the whole project.

Children who have a language impairment or delay may show no physical disabilities, but are handicapped because they cannot communicate effectively. Some children may have unintelligible speech, some may not understand what you say and some may have a combination of problems. Try to use gesture cues when talking to the child. Try to offer the child concrete choices, e.g. "Which toy do you want to play with?" while holding up two toys. Use pictures to label your environment; allow the child to point to the pictures to communicate if necessary. Above all, try to reduce the frustration of the child by allowing him successful attempts at communicating.

The ideas presented here are only a start. Once you have decided to accept a handicapped child into your center, you will find hundreds of other things that need adapting; and that's good. Each child is an individual with individual needs. The best asset a child care provider has when working with a handicapped child is her imagination, and perhaps a hammer, screwdriver, super glue, etc. . . .



DOES RYAN HEAR WHAT I HEAR?

*Judy Levine, Supervisor
Child Day Care Licensing*

PROGRAMS AVAILABLE FOR HANDICAPPED CHILDREN

Rachael Asbury, Attorney

Ryan came to my home today and announced that he was getting hearing aides. What a pleasant surprise! It was a long time in coming — too long; — but at last, this child was going to get some help.

I have a family day care home. Ryan, 4 years of age, and five other children 2-4 years old, attend on a regular basis. Ryan also attends the local Head Start program. I have limited experience working with children but I don't need to be an expert to recognize when something is not quite right. Such was the case with Ryan.

He's a bright, highly energetic child, always on the move. His attention span seems to be not much more than 5 minutes, especially in situations where he is required to listen, like story time. His normal speaking voice is so loud that the other children clasp their hands over their ears when he speaks. Or when the children are watching Sesame street, the volume is on high so Ryan can hear. Sometimes, when I ask him a question, his reply is not even close to the topic, and "What?" is his favorite response. His speech is also not terribly clear, and he is getting special attention at the Head Start program.

With some parents you feel comfortable in raising issues regarding their child. I didn't feel that way with Ryan's mom. She is a single parent struggling to make a go of it, and this would add another burden on her. But Ryan is her child, not mine — didn't she notice anything wrong with his hearing?

Finally, I decided to say something. I was afraid to come right out and tell her that I thought her son couldn't hear, lest she get upset. Instead, I described some of Ryan's behaviors, asked her if she noticed similar things at home, and did she think he might have a hearing problem? Our discussion didn't quite go as I had anticipated. Yes, she had noticed some loud talking, but it seemed to occur when he was excited, and yes, he did put the volume up on the T.V. but when she told him to turn it down, he would. In other words, she didn't see it as a problem. Call it avoidance on her part, I don't know, but I decided to let the matter go for the present.

I didn't know that the Head Start program tests children's hearing. When Ryan came in today announcing that he was getting hearing aides, it was the first time I became aware that his hearing had been tested. His mom told me that Ryan failed the hearing test. She took him to the doctor who referred her to a hearing specialist. Ryan was fitted for hearing aides and the Crippled Children Office of the Michigan Department of Public Health was going to pay for the cost.

I don't know whether my discussion with her as well
(Continued on page 7)

In 1986 the Education For All Handicapped Act was amended to provide financial support to programs for early education, infants and toddlers. Congress has decided to expand delivery service to children before they reach the age of three. They believe there is an urgent and substantial need to enhance the development of handicapped infants and toddlers and minimize their potential for developmental delay. They believe that by providing early education programs they can reduce the educational cost in general because the need for special education and related services later on in school will be minimized. These amendments also provide programming to enhance the capacity of families to meet special needs of their infants and toddlers.

Handicapped infants and toddlers are defined as individuals, from birth through their second year, who need early intervention because they are experiencing developmental delays in one or more of the following areas:

- cognitive development, physical development, language and speech development, psycho-social development, or self-help skills.

Children may be served who have been diagnosed as having a physical or mental condition which has a high probability of resulting in a developmental delay. At a state's discretion individuals may also be included who are at risk of having substantial developmental delays if early intervention services are not provided. These services must be provided under public supervision and at no cost to families.

If you suspect that a child has a handicapping condition and could benefit from special education services, be those in a classroom or in the form of speech or physical therapy, a referral should be made to the local school district. Schools have many established programs and the obligation under state and federal law to provide an appropriate program for each handicapped student in their district. They can assist a parent in determining whether or not a child has a handicap and in evaluating and assessing a child's need for services. They are an essential resource for services, information and referral, and support. If a parent has concerns or questions about special education, Michigan Protection and Advocacy Service is available to assist them, and provide them information, referral and technical assistance. Their toll-free statewide number is 1-800-292-5923.

REACHING GIFTED PRESCHOOLERS

*Randi Kawakita, Enrichment Resources
Teacher for Creative and Talented Students,
Plymouth Elementary School, Midland*

Kenji had been the "darling" of the preschool. As the youngest of a mixed age setting he had dazzled the staff with his verbal ability and charm. By the following September, Kenji was not the ideal preschooler. His questions were intense. He wanted to know the how and why of everything immediately. During group time he became furious if a song or fingerplay was repeated. "We sang that yesterday." His body language would match the disgust of his words. "I already know it." Kenji, a problem child? No. Kenji was a child with special needs... a gifted young child.

Effective caregivers and educators of young children must provide gifted children with additional stimulation and appropriate activities for their level of development. Of course, this does not mean that they are treated as miniature adults or mere brains. Socially and emotionally, gifted young children are children first and gifted second.

Gifted young children can be found in almost every early childhood program. There are gifted young children in every type of setting — rich, middle, low income, minority, majority, handicapped, or non-handicapped.

How does a caregiver or teacher know if a certain child is gifted? There is no magic test or assessment to determine giftedness. A gifted preschooler will display many, but not all, of the following characteristics. A gifted preschooler:

- is extremely curious.
- has a mature sense of humor; enjoys puns and plays on words.
- has a good memory.
- is very verbal with large vocabulary
- taught self to read at an early age.
- is sensitive to emotion issues and concepts like justice.
- has a long attention span when involved in self-motivated activities.
- is interested in cause-effect relationships.
- can solve complex problems.
- is able to generate many unique solutions to problems or situations.
- is constantly asking questions.

The definition of giftedness has expanded. Giftedness includes intellectual or academic ability, creativity, leadership, music, art, and movement.

Most caregivers are already on the right track for working with gifted preschoolers. They provide activities for a wide range of abilities in their problems. The caring adult can enrich any program to further meet the gifted youngster's educational needs by providing encouragement and necessary materials.

It is important for you to notice the child's interests to expand them in depth, and not decide that the child should study everything about the subject that you picked.

For example, the science table is an ideal place for gifted preschoolers to discover how things work by taking them apart and putting them back together (a music box, an old wind-up clock, flashlight.)

Young children are interested in the weather. Teachers can supervise experiments with different types of thermometers. Do they work in the same way? Children could devise a method of recording and measurement.

You might write a biography about a youngster. "Amanda, I started to write a book about you last night. It's all about you and your life. But I wasn't able to finish it. Please finish the book." The child could dictate the rest of the book, use invented spellings, and/or illustrate his or her own biography. Of course, the adult must be prepared to write a book for everyone in the program — not necessarily all the same week. Such books are popular in the "library" corner.

In the reading corner it is wise to include complex books with longer story lines in addition to early childhood classics. Gifted young children love riddle and joke books and delight in the poetry of Shel Silverstein or Jack Prelutsky. Verbal children can be encouraged to memorize some of their favorite poems.

For the child who constantly asks questions you could say, "That's a challenging question, Tom. Right now I can't help you find the answer. Let's write it down and do the research later." Model research methods by searching for possible answers in books, asking an expert, designing and performing experiments, or calling the library.

Many bright children become obsessed with knowing the correct answer. You can play many games to encourage children to practice creative thinking. "Tell me all the ways you can use an egg or a sock." "Describe all the ways you can think of to wrap a present." "What is similar between a bucket and a piano?"

Gifted young children need plenty of opportunities to predict outcomes, to plan, and to make decisions. "What would happen if Santa's reindeer quit on Christmas Eve? Or, you became a baby again?"

Have you noticed that all of these activities would appeal to any child? Reaching gifted preschoolers is part of any quality early childhood program. It does not mean teaching young children how to read via workbooks or flash cards. It does mean bringing out the best in all of the children.

RESOURCES ON SPECIAL NEEDS CHILDREN

For Children:

- Good Morning Franny, Good Night Franny*, Emily Hearn. (The Women's Educational Press: 1984).
Why Does That Man Have Such A Big Nose? Mary Beth Quinsey. (Parenting Press Inc.: 1986).

For Child Care Providers:

- Puppetry, Language, and the Special Child*, Nancy Renfro. (Nancy Renfro Studios: 1986).
Move It, Richard Drouillard and Sherry Raynor. (Ingham County Intermediate School District: 1977).
Communicating With Parents of Exceptional Children, Roger Kroth. (Love Publishing Co.: 1975).
The Visually Handicapped Child in School, Berthold Lowenfeld. (The John Day Co.: 1973).
Identifying Handicapped Children for Child Development Programs, M.L. Hennon. (Humanics Press: 1973).
Blindness — What It Is, What It Does and How to Live With It, Rev. Thomas J. Carroll. (Little, Brown and Co.: 1961).
Parents on the Team, Sara Brown and Martha Moersseh. (The University of Michigan Press: 1978).
Reducing Stress in Young Children, Janet Brown McCracken. (NAEYC: 1986).
 "Early Childhood Intervention: Special care for Special Children," (Texas Child Care Quarterly: Summer 1983).

Developmental Screening in Early Childhood: A Guide, S. J. Meisels. (NAEYC: 1983).

Mainstreaming: Ideas for Teaching Young Children, J. Souweine, S. Crimmins and C. Mazel. (NAEYC). Jan. 1981

"Improving Accessibility of Preschool Facilities for the Handicapped," (Young Children, March 1981, p.p. 17-24). (Includes handicapped accessibility checklist for facilities.)

Alike and Different: Exploring Our Humanity With Young Children. (Beginnings Books for Teachers of Young Children #11, Exchange Press Inc., 1986).

"Child-Building," (Texas Child Care Quarterly, Summer 1983).

"The Same Inside," (March of Dimes.) 13 minute film for children K-3rd grade. order # 9-0302-4 Teachers Guide #9-0247-8.

Working With Children Who Have Special Needs, Michigan Dept. of Social Services, Pub. 96 (1-84)

For Providers and Parents

"Your Special Child". (March of Dimes 5/82)

"Birth Defects, Tragedy and Hope" (March of Dimes 2/84)

March of Dimes Public Health Education Information Sheets on

"Cleft Lip and Palate"	"Thalassemia"
"Spina Bifida"	"Congenital Heart Defects"
"Polio"	"Sickle Cell Anemia"
"Clubfoot"	"Downs Syndrome"

CAN RYAN HEAR...

(Continued from page 5)

as the documented failure of Ryan's hearing test caused his mom to take action, but at last Ryan would get help. One thing I've learned from this experience is to make contact with the child's other caregiver (if there is one) to compare notes and perhaps discuss plans to approach the child's parents. Also, I decided that I have to be more confident in my own observations and be willing to act on them.

An actual account of a provider's story as recorded by Judy Levine

Have you ever had a similar situation happen? Please write and tell us how you handled it. Your answers will be published in later issues of Better Homes and Centers.

Please send articles for consideration in future issues to:

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PROVIDER'S CORNER



Writing a parent handbook is an essential but sometimes difficult tool for child care providers. Help is only a phone call or letter away!

Pam Wisniewski, Child Care Coordinator for the Grand Haven Community Education programs, has written a handbook *about* handbooks called *Labor and Birth of An Effective Parent Handbook*. She outlines 5 steps in preparing to write the handbook:

- I. What written policies are required by licensing rules?
- II. What do you want parents to know about your center, staff, curriculum, discipline, snacks, etc.?
- III. What do parents *need* and *want* to know about your program?
- IV. How can I put all this information together in an attractive and readable format?

- V. What facilities are available to me or my center for printing, copying, or reproducing?

Her handbook contains helpful suggestions for each step as well as practical ideas for the most effective layout.

As she states in her publication, a parent handbook, "can actually serve as a form of publicity... and save... time in the long run by answering parent's questions before they are asked."

Pam's handbook on handbooks is available for \$2.50 by writing to:

Pam Wisniewski
Grand Haven Community Education
300 North Sixth Street
Grand Haven, Michigan 49417
or by calling, (616) 846-2180

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